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TRA, EDUC, SAC

Supported by State of Georgia Department of Behavioral Health and Developmental Disabilities Contract 44100-907-0000056259 and NIDA Grant R3412821299

<https://doi.org/10.1016/j.jaac.2021.09.385>

50.5 THE EFFECT OF REMINDER-FOCUSED POSITIVE PSYCHIATRY SUICIDE SAFETY (RFPP-S) ON COVID-19-RELATED PTSD WITH PROLONGED GRIEF DISORDER



Naser Ahmadi, MD, PhD, UCLA Jane & Terry Semel Institute for Neuroscience & Human Behavior, naahmadi@mednet.ucla.edu; Robert Pynoos, MD

Objectives: The COVID-19 pandemic is a global public health crisis and the source of enormous stress and widespread bereavement for individuals and communities, with an increased rate of COVID-19-related PTSD and prolonged grief disorder (PGD). PGD is prevalent and associated with increased mental illness comorbidities and suicidality. This study investigates the effect of Brief Reminder-Focused Positive Psychiatry and Suicide Prevention (RFPP-S) in youth with COVID-19-related PTSD and PGD.

Methods: Forty-one consecutive adolescents (ages 14 ± 4 years, 60% female) with COVID-19-related PTSD and PGD with suicidal ideation received RFPP-S at the psychiatry emergency room (PER). RFPP-S consisted of 10-minute behavioral modules, over 2 consecutive days, on self-compassion, engagement, resilience, gratitude for traumatic/loss reminders with emotion regulation, distress tolerance, and safety planning skills.

Results: The prevalence of PER visits among children with PTSD and its associated suicidality was 61% in 2020. That constitutes 40% with COVID-19-related PTSD, with the presence of grief symptoms in over 90%. Logistic regression analysis showed a significant increase in PER visits of adolescents with COVID-19-related PTSD and grief with suicidality, with 50% of adolescent PER visits attributable to COVID-19-related PTSD and grief with related suicidality. There was a significant reduction in Columbia Suicide Severity Rate Scale (C-SSRS), persistent complex bereavement disorder (PCBD) checklist, and PTSD reaction index in response to RFPP-S. Furthermore, RFPP-S is associated with an increase in well-being, resilience, parent-child interaction, school performance, postdischarge follow-up, and no PER visit/psychiatric hospitalization 4 weeks after discharge.

Conclusions: There is a significantly increased rate of PER visits in adolescents with COVID-19-related PTSD and grief with suicidality, compared to those without PTSD, with 50% of such visits attributable to COVID-19-related PTSD and grief with suicidality. RFPP-S is associated with reducing PTSD and grief symptoms, acute psychiatric stabilization, parent-child interactions, and favorable outcome in youth with COVID-19-related PTSD and PGD.

PTSD, S, P

<https://doi.org/10.1016/j.jaac.2021.09.386>

50.6 MINDFULNESS AS A MEDIATOR IN THE RELATIONSHIP BETWEEN TRAUMA RELATED TO COVID-19 AND SOCIAL FUNCTIONING IN EMERGING ADULTS



Rebecca Michel, BS, University of Rhode Island, Rebecca_Michel@uri.edu; Maria DiFonte, MA, Elaine Ruiz, MA, Katharine Musella, MA, Ellen Flannery-Schroeder, PhD

Objectives: Since the start of the COVID-19 pandemic, studies have shown that the percentage of individuals experiencing PTSD symptoms has increased. Individuals with severe PTSD symptoms often have challenges with social functioning. Researchers have found evidence that interventions targeting mindfulness, or the act of being aware of one's self and one's surroundings in the present moment, have helped to improve symptoms of PTSD as well as the quality of social functioning. The current project aims to explore

mindfulness as a mediator in the relationship between COVID-19-related PTSD and social functioning.

Methods: Participants for this IRB-approved study were recruited using online flyers. Participants ($N = 304$; $M_{age} = 20.8$ years; 79.2% female; 8.6% Hispanic, 80.0% White) completed online self-report measures, including the 36-item Short Form Health Survey (Social Functioning subscale), the Short PTSD Rating Interview (SPRINT) related to the COVID-19 pandemic, and the Mindful Attention Awareness Scale.

Results: Analyses were conducted using SPSS PROCESS macro (Model 4). Regression analysis was used to explore the hypothesis that mindfulness mediates the relationship between PTSD related to the COVID-19 pandemic and social functioning in emerging adults. The overall model was significant ($F_{2,301} = 117.85$; $p < 0.001$; $R^2 = 0.44$); this explains 44% of the variance. The path between COVID-19-related PTSD and mindfulness ($b = -0.07$; $p < 0.001$) was significant, with more experiences of COVID-19-related trauma being associated with decreased mindfulness. The path from mindfulness to social functioning ($b = 2.34$; $p < 0.037$) was also significant, suggesting that higher levels of mindfulness was associated with increased social functioning among participants. The path from social functioning to COVID-19-related PTSD remained significant ($b = -2.23$; $p < 0.001$) when the mediator was added to the model, indicating partial mediation.

Conclusions: Young adults experiencing low levels of COVID-19 pandemic-related PTSD appear to be engaging in mindful strategies, which then decrease the possibility of social functioning deficits. These results indicate that young adults exhibiting symptoms of PTSD related to COVID-19 may benefit from interventions involving mindfulness strategies.

PTSD, PRE, WL

<https://doi.org/10.1016/j.jaac.2021.09.387>

50.7 HISTORY OF INTERPERSONAL TRAUMA AS A RISK FACTOR FOR PSYCHIATRIC REHOSPITALIZATION AMONG CHILDREN AND ADOLESCENTS: A NARRATIVE REVIEW



Jae Kim, BS, Nova Southeastern University, jae.kim2260@gmail.com; Shivani Kaushal, BS, Sara Khan, BS, Brian Blum, DO, Clara Alvarez Villalba, II, MD

Objectives: Childhood and adolescent psychiatric rehospitalizations are prevalent and overtaxing for patients, their families, and healthcare systems and can in themselves be traumatic to all parties involved. Understanding their causes is crucial to reduce this burden. This narrative literature review investigates the growing evidence identifying history of interpersonal trauma—defined as a type of trauma that occurs between people by acts of commission or omission, such as abuse, neglect, and bullying—as a risk factor for psychiatric rehospitalization among children and adolescents.

Methods: The literature review was conducted on PubMed with the following key terms: (childhood OR adolescent OR children) AND (readmission OR rehospitalization) AND ((interpersonal OR mental OR psychiatric) AND trauma) OR PTSD. Three independent reviewers screened for eligible studies that discussed interpersonal trauma and psychiatric rehospitalization risk in patients aged 0 to 18 years.

Results: PubMed queries yielded 63 records with the key terms. After 3 independent reviews, 4 eligible records were found. Among the 4 retrospective studies with sample sizes between 100 and 783, three studies reported that children and adolescents who experienced neglect, bullying, physical abuse, or sexual abuse had higher psychiatric rehospitalization rates than those without. The fourth study found no significant association between interpersonal trauma and psychiatric rehospitalization but stated that underreporting of childhood interpersonal trauma may attribute to this lack of significance. All 4 studies focused on diagnosis of PTSD to account for trauma, while some, but not all, took into consideration family structure, history of abuse, and further mental health diagnosis.

Conclusions: Current literature is limited but supports the interpretation that interpersonal trauma history is a risk factor for psychiatric rehospitalization among children and adolescents. However, the degree to which various factors, such as age, number of traumas, and types of interpersonal trauma